ORMATION REQUEST OW INSTRUCTIONS (front and back) C. IAME & PHONE OF CONTACT (optional)	2FONOOFICE AGOT 17 2 3	2005 JAN 10 PM 1: 47	
erold L. Stout	2005-000023		
ETURN TO: (Name and Address)	\neg	MICHAEL A BROWN RECCESSEM	
Gerold L. Stout Hoeppner Wagner & Evans	s LLP	The Control of	
1000 East 80th Place Suite 606 South			
P.O. Box 10627			
Merrillville, IN 46410	<u> </u>		
	THE AB ly <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names	BOVE SPACE IS FOR FILING OFFICE USE ONL	Y
1a. ORGANIZATION'S NAME Holiday-Rent-A-Car. Inc.			
Holiday-Rent-A-Car, Inc. Ib. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SU	JFFIX
IFORMATION OPTIONS relating to 11	CC filings and other notices on file in the filing office that include	a ac a Dobter name the name identified in item 1	
a. SEARCH RESPONSE CERTIFIE		e as a Debtor name the name identified in item 1:	:
Select one of the following two options:		olete, including filings that have lapsed.) UN	ILAP
o. COPY REQUEST CERTIFIE	ED (Optional)		
Select one of the following two options	: ALL UNLAPSED		
: SPECIFIED COPIES ONLY	CERTIFIED (Optional)		
Record Number	Date Record Filed (if required) Type of Record an	d Additional Identifying Information (if required	d)
	 		
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